



Health Information Exchange and Behavioral Health Care:

What is it and How is it Useful?

Health Information Exchange (HIE) refers to the secure and timely sharing of electronic health data across the boundaries of health care institutions.

An HIE organization is an entity that oversees or facilitates the exchange of health information among a diverse group of healthcare stakeholders within and across regions, according to nationally recognized standards. The exchange of health information has the potential to transform the way care is delivered by improving physician workflow, fostering increased communication among providers and patients, improving the ability to access and analyze data, and reducing healthcare costs.

Benefits of HIE

- Access to an individual's information helps the behavioral health care team gain a "wholepicture" of the patient's health and better prepare for a fully engaging dialogue at each encounter.
- Anywhere/anytime access to patient data can help care teams better understand potential barriers to medication/treatment adherence and/or more appropriately prescribe controlled substances.
- Reduce health risks and identify adverse side effects related to behavioral health medication, which may have more drug-to-drug interactions and can lead to physical health side effects.¹

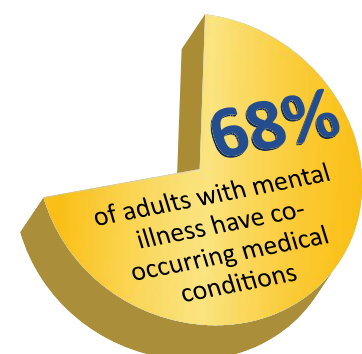
Enable greater care coordination

Increased communication between behavioral health and physical health care teams may help reduce the stigma associated with mental illnesses, and enable greater care coordination to more comprehensively manage the behavioral and physical health needs of the patient.

Why do we need HIE?²

The use of EHRs and HIE among behavioral health and physical care teams can spur the bi-directional exchange of critical health data which has the ability to improve knowledge sharing and health care outcomes for individuals. The figures below illustrate the ongoing need for care coordination among behavioral and physical health care—coordination that becomes much more efficient with electronic exchange of health information.

- According to a national survey, a significant number of adults have co-occurring physical health and behavioral health



¹Behavioral Health Treatments and Services." Substance Abuse and Mental Health Services Administration (SAMHSA), 19 Oct. 2015. Web.

²Madden, Jeanne M., Matthew D. Lakoma, Donna Rusinak, Christine Y. Lu, and Stephen B. Soumerai. "Journal of the American Medical Informatics Association."Missing Clinical and Behavioral Health Data in a Large Electronic Health Record (EHR) System. Journal of the American Medical Informatics Association, 14 Apr. 2016. Web.



conditions. Nearly 70 percent of adults with mental illness have co-occurring medical conditions, while 29 percent of adults with physical health conditions have comorbid mental illness. Comorbidities are associated with elevated symptom burden, functional impairment, decreased length and quality of life, and increased costs.³

- Patients with depression and bipolar disorder, respectively, averaged 8.4 and 14.0 days of outpatient behavioral care per year; 60 percent and 54 percent of these visits, respectively, were missing from their primary care provider's electronic health records (EHRs) because they occurred offsite. Moreover, these EHRs missed 89 percent of acute psychiatric services.⁴
- Failures of care coordination can increase costs by \$25 billion to \$45 billion annually.⁵

\$25-\$45 Billion

Annual cost increase from failures
of care coordination

³Druss, Benjamin G., MD, MPH, and Elizabeth Reisinger Walker, MAT, MPH. "Mental Disorders and Medical Comorbidity." *Mental Disorders and Medical Comorbidity* (2011): n. pag. Feb. 2011. Web.

⁴Madden, Jeanne M., Matthew D. Lakoma, Donna Rusinak, Christine Y. Lu, and Stephen B. Soumerai. "Journal of the American Medical Informatics Association." "Missing Clinical and Behavioral Health Data in a Large Electronic Health Record (EHR) System. *Journal of the American Medical Informatics Association*, 14 Apr. 2016. Web.

⁵Reducing Waste in Health Care." *Health Policy Briefs*. Health Affairs, 13 Dec. 2012. Web.